DOCUMENT RESUME

ED 279 434 PS 016 395

AUTHOR Ate, Delthyea Gautt
TITLE Quality Standards for Nigerian Pre-Primary Centres.
PUB DATE 86
NOTE 37p.; Filmed from best available copy.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Check Lists; Child Caregivers; *Childhood Needs; *Day Care Centers; *Early Childhood Education; *Educational Quality; Foreign Countries; Health; Nutrition; *Preschool Teachers; Rating Scales; Safety; *Standards
IDENTIFIERS *Nigeria

ABSTRACT

Proposing quality standards for Nigerian pre-primary centers, this paper argues that the first concern must be the provision of adequate care in the form of high quality health, safety, and nutritional conditions. Care is discussed in terms of illness policy, routines for good health, physical characteristics of centers, personal hygiene, "babyproofing" the environment, special safety precautions, and recommended foods for centers' meal plans. It is further argued that after centers have met criteria of adequate care, they may begin to consider educational issues, such as instructional staff, curriculum content, and teaching methods. Educational issues are discussed in terms of developmentally appropriate experiences for children, staff qualifications and experience, personality characteristics desired of teachers, in-service teacher education, and parent participation. The paper concludes by providing a copy of the Quality Standards Checklist/Rating Scale for Nigerian Pre-Primary Centres, a tool recommended for use by parents, center personnel, researchers, agents of government, and policymakers in evaluating existing and newly proposed pre-primary centers. (RH)

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QUALITY STANDARDS FOR NIGERIAN PRE-PRIMARY CENTRES

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BY:

DR. DELTHYEA GAUTT ATE,
INSTITUTE OF EDUCATION,
UNIVERSITY OF LAGOS,
AKOKA - LAGOS.

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QUALITY STANDARDS FOR NIGERIAN PRE-PRIMARY CENTRES

A B S T R A C T

This paper proposes quality standards for Nigerian pre-primary centres. Several social factors such as urban migration, Universal Primary Education, and increased employment outside the home for significant family members have contributed to the rapid growth of pre-primary centres in Nigeria today. Particularly in the urban areas, pre-primary centres are emerging as additional childrearing environments. Significant research over the last thirty years indicates that the early childhood years, from birth to about eight years of age, are especially vulnerable to environmental influences. If pre-primary centres are to function as additional childrearing environments, the quality of these centres is critical to the physical, emotional, intellectual, and social well-being of the children who attend such centres.

The paper postulates that the first concern of those responsible for pre-primary centres must be the provision of adequate CARE, in the form of quality health, quality safety, and quality nutritional conditions. The writer argues that, after the centre has satisfied adequate CARE conditions, a pre-primary centre may proceed with EDUCATION, in the form of instructional staff, curriculum content, and curriculum methods. The paper concludes with the Quality Standards Checklist/Rating Scale for Nigerian Pre-Primary Centres, that may be used by parents, centre personnel, researchers, and government/policy makers to evaluate existing and newly proposed pre-primary centres.

QUALITY STANDARDS FOR NIGERIAN PRE-PRIMARY CENTRES

INTRODUCTION:

Places which cater for children under school age, other than the child's own home and by persons other than the child's own family members are referred to throughout this paper as a Pre-Primary Centre. Furthermore, pre-primary centres offer services to families for pre-arranged time periods based upon previously set fees.

Pre-primary centres have flourished in Nigeria within the last decade (Daily Times, October 21st, 1985). Three principal societal developments have contributed to this boom:

(1) urban migration; the ever-growing population of village dwellers who flock to the urban centres in hopes of work and other amenities offered by big city life;

(2) the introduction of Universal Primary Education (UPE) in 1976 which provided free primary education throughout Nigeria; and

(3) increased employment outside the home for significant family members.

These three developments have influenced traditional avenues for early child care and have altered Nigerian family structure. It has been observed that in the urban centres the nuclear family is more the rule than the exception (Alele Williams, 1985), particularly for families at middle and senior management levels (Oyediran & Bamisaiye, 1983). Because the cities are usually great distances from the rural villages, extended family members, most of whom live in the villages, are no longer readily available to assist with early child care; also because of U.P.E. at the rural level Where traditional patterns no longer suffice, alternative modes must be

created. New institutions are required that may serve as support systems for parents and children where nuclear family living patterns exist. The establishment of pre-primary centres is one response to the need experienced by such families. But, available evidence suggests (Osanyin, 1984) that too many of the newly-established centres are makeshift facilities existing in partially completed buildings, shop fronts, and so on. As a result, many of these centres cannot effectively fulfill the role a changing society demands of them, that is to function as alternative childrearing support systems for urban dwelling families. The deplorable social conditions of which families must avail themselves are further compounded by the fact that the early childhood years, from birth to about eight years of age, are the most significant for human intellectual development. For, as reported by Bloom (1964) roughly 50 per cent of intellectual development occurs between conception and age four and roughly 30 per cent between ages four to eight. Also White and Watts (1973) have submitted more recent findings which confirm that from birth to three years of age is the most critical period for intellectual development.

As would be expected, a rapid and unexpected growth of any phenomenon is difficult to control, to monitor, to establish quality, and to set standards (Medicine, 1983). Hence, the current national trend on pre-primary caretaking appears to focus on quantity at the expense of quality. The rapid growth of pre-primary centres is the problematic condition presently confronting Nigeria. Within this problematic framework, this paper aims to address issues of quality and standards, two of the four pressing management concerns facing this recent initiative in Nigeria today.

Purpose

The purpose of this paper is to propose quality standards for Nigerian pre-primary centres, focusing on two components namely, CARE and EDUCATION. The Pre-primary Centre Organisational chart

depicts the organisational structure of a Nigerian pre-primary centre.

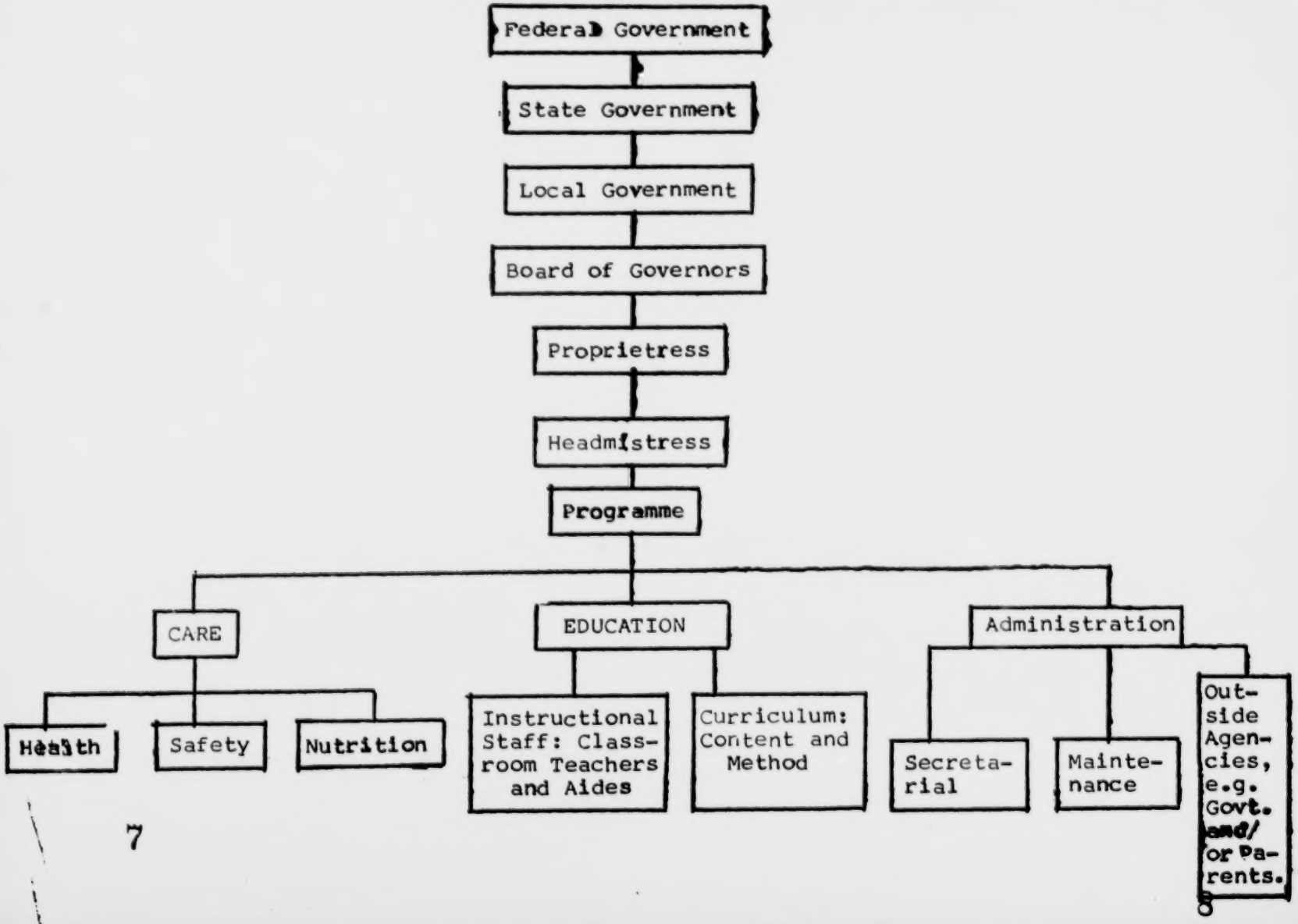
INSERT - PRE-PRIMARY CENTRE ORGANISATIONAL CHART (PPCO CHART)

Editor: See PPCO CHART (typed on a separate sheet enclosed)

The Federal Government is at the top of the organisational hierarchy. At this top level are the Ministries such as Education, Health, and Information, Youth, Sports and Culture, which are responsible for the general education and well-being of pre-primary age children as recommended by the National Policy on Education (1981). State and local government authorities are responsible for registration and inspection of pre-primary centres. Ministries involved at this state level include, Education, Health, and Economic Planning and Local Matters.

The Board of Governors, Proprietress, and Headmistress are responsible for the day to day operations of a single centre. Their responsibility is to ensure that the programme runs smoothly. The Programme is the umbrella for the three service-delivery systems (care, education, and administration) of a centre. Care, education, and administration represent the level within the PPCO CHART most directly associated with the children, the staff, and the parents of a pre-primary centre. Because of this direct association the writer selected this level for investigation. The goal of this paper is to offer quality standards for two components at this service-delivery level, those are CARE and EDUCATION.

Figure I: Pre-Primary Centre Organisational CHART (PPCO CHART)



CARE has three sub-components:

(1) Health,

(2) Safety, and

(3) Nutrition.

EDUCATION has two sub-components:

(1) Curriculum: Content and Methods; and

(2) Instructional Staff: Headmistress, Classroom Teachers, and Classroom Aides.

The section on care will be presented first followed by the discussion of education. Parent involvement is pivotal to the success of the children and the centre, therefore, a brief discussion on parent participation is included. The paper concludes with the recommended Quality Standards Checklist/Rating Scale for Nigerian Pre-Primary Centres.

CARE

Children have basic needs. These needs have been identified as physical, emotional, intellectual and social. The order of presentation above, which is to begin with the physical and so on, reflects the sequential order of the emergence of each need in the course of human development. When the child is newly born his first needs are physical; he has the need for oxygen, for food, and for clothing. Second, the child needs emotional warmth, usually obtained when held and comforted by the mother (Bowlby, 1969). Thirdly, the child needs intellectual stimulation (Piaget, 1952). Fourthly, the child's social needs emerge (Erikson, 1963). At about six to eight weeks of age the child exhibits his first expression of our human social greeting - the smile (Caplan, 1973).

.../5

If pre-primary centres are to function effectively as alternative childrearing support systems, the guidelines for quality standards must follow the same developmental sequence as the pattern of the emergence of the child's basic needs. The formulation of quality standards must address first, the physical; second, the emotional; third, the intellectual; and fourth, the social. Accepting this sequence as a framework for establishing quality standards means that considerations must first aim to safeguard the child's physical welfare. The discussion in this section entitled CARE will outline three significant areas which must be addressed in a plan for quality pre-primary centres. These are:

(1) health,

(2) safety, and

(3) nutrition.

The centre environment, both indoors and outdoors, must meet certain health, safety, and nutritional standards. These three aspects of CARE are elaborated below.

Health:

Illness Policy - What to do if a staff member or a child is ill?

Importantly, a healthy staff can contribute to good health standards at the centre. Staff should present a certificate of good health before employment. While performing daily duties, an ill staff member should be discouraged from close contact with the children and even with other staff. Of course, a staff person who is seriously ill and/or with an infectious condition should not report for duty until well. Centre staff should be

knowledgeable about common illnesses in young children and symptoms which might indicate the onset of such illnesses. Occasionally, it may be necessary for the staff to administer medication to a child. The centre policy should state that staff shall give medication to the child only with written permission from the parents. It should be a matter of rule for staff to inform parents that they should not fail to inform the class teacher when they suspect their child might be ill or when the child is on medication. Whether a child is feeling well or ill can influence behaviour and learning. In addition to the illness policies recommended above, the centre should provide guidelines that suggest when a parent should keep an ill child at home. Eye infections, diarrhea, and temperatures above 98.6 degrees Fahrenheit or 37 degrees centigrade are usually valid warnings that a child should remain at home.

If a child becomes ill at the centre, as sometime happens, there should be a policy as to when and under what conditions a child may or may not remain with the larger group of children. In this regard, a Sick-Bay is indispensable. The sick-bay may simply be a room that can be closed off from the rest of the centre, where two or three resting cots are kept. The first-aid kit and other emergency medical supplies may be stored in the sick-bay. Parents should be aware of the existence of a sick-bay and understand under which conditions it might be necessary for a child to be isolated from the group of children.

Routines - for Good Health

A beginning step towards safeguarding health is CLEANLINESS germs thrive in unclean surroundings. Dirt and germs can contribute significantly to childhood illness. Cleanliness routines to be encouraged

at the centre include the daily washing of floors, walls, tables, chairs, and any other exposed surfaces, where children or staff may have splattered food, art paints, and so on. Particularly for centres which cater for infants or toddlers who are in the "mouthing stage" (putting into the mouth toys etc.) it is important towasj playthings with mild and diluted disinfectant (e.g. dettol). Toys and playthings should be well rinsed after each washing. Special service areas such as toilet rooms, bathrooms, kitchen, and sick-bay require extra cleaning precautions in order to maintain good hygiene which ensures good health.

A well stocked first aid kit is an important part of the routine health procedures at a pre-primary centre. A first aid kit should be readily available at all times, and staff should be instructed in simple first aid procedures (Chizea & Ate, 1986).

Facility

The entire centre facility should provide adequate ventilation which will create an environment comfortable for breathing. Amenities such as toilet facilities, drinking water and outdoor play-yards should be adequate. Lighting, noise levels, and room arrangement can influence the health status of children at the centre. Lighting should be sufficient in order not to cause eye strain. Noise levels in and around the centre should never be too high (e.g. music, and so forth). Young ears are sensitive and may become damaged if noise levels are extremely high.

Once the centre has established (1) an Illness Policy (2) Routines for Good Health, and (3) the Facility as a safe environment inside and outside,

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then it is permissible to allow staff and children into the centre. The task now becomes one of encouraging centre staff and children to maintain personal habits which ensure good health.

Personal Habits

Staff and children should be made conscious of the importance of washing their hands before and after meals, as well as after toileting. Sufficient hand-washing basins provided by the centre administration will ensure that hand-washing routines are practiced.

Soiled or wet clothing may constitute a health hazard. Young children can easily and frequently soil their clothing. Changing the child's clothes if they become too excessively soiled or wet should be a routine procedure at the centre. Parents should be reminded to keep at least one complete change of clothing (socks, pants, shirt, trousers, and the like) in the centre at all times for their child. If for any reason (financial or otherwise) parents are unable to provide additional clothes for their child, centre administration should be prepared to assist classroom staff in this regard. Furthermore, administration should ensure that classrooms have adequate storage space for such important items.

Routine techniques for sneezing and coughing "that protect rather than expose others to the hazards of infections" (Willis & Ricciuti, 1975, p.146) should be demonstrated for staff and children. Everyone at the centre should be occasionally reminded of these personal habits that promote health. As mentioned above, a sick-bay should be available because no matter the championed illness policy and routines for good health, occasionally a child will become ill. In such obviously unpreventable circumstances, a sick-bay

should be readily accessible.

Safety:

A good safety rule-of-thumb for all concerned about the welfare of young children at pre-primary centres is never assume that the child will not struggle to perform a seemingly impossible task. It has been observed that young children with their curious, adventuresome, and sometimes fearless nature, will invariably do the unexpected and unpredictable. Wherever it is unsafe, that is where the child will want to run, climb, jump, and so forth. Research indicates that the greatest percentage of accidents occur in children one to four years of age and that boys within this age range are at a 50% higher accident risk than girls (International Children's Centre, 1979 a, b). Furthermore, the toddler (15-months to three years of age) is especially vulnerable to accidents, because of his newly acquired walking/running abilities. A pre-primary centre that caters for toddlers cannot afford to ever relax; SAFETY should be the centre watchword.

"Babyproofing"

The routine measures taken to safeguard an environment for young children are referred to throughout the literature as "babyproofing".

At a pre-primary centre babyproofing includes:

(1) No exposed electrical sockets, flammable or dangerous items should be within the child's reach and it is advisable to keep them out of the child's sight as well;

(2) Heavy toys should be kept on low shelves so that a child might not pull the toy down upon himself in an attempt to get the toy;

(3) Floor length table cloths should not be used to cover tables; a crawling baby may use the table cloth to pull-up, only to loose his grip and fall. Windows, objects (especially those made of glass), and furniture should not have rough edges. In addition, furniture should be steady so that it

will not topple over if sat upon. Spacing of furniture and other classroom equipment will help prevent childhood injuries;

(4) House plants are potentially hazardous. No house plants should be kept in and around the centre. Some house plants are poisonous if the leaves, stem or fruit are chewed; some are harmful even if only smelled.

Special Safety Precautions:

Certain situations require special safety precautions. These include:

(1) emergency contact person(s);

(2) collection at the close of the day;

(3) bus transportation; and

(4) fire drill.

First, it is important that the centre keep a record of who they should contact in case of an emergency concerning a child. Under emergency circumstances, it is usually the parents who should be contacted. The centre should have the address and phone number of the child's home and for the work place of both parents. In addition, the centre may request the address and phone number of a relative or neighbour. Emergencies do occur, and to be on the safe side, a quality standard centre is prepared for such emergencies.

The children must be collected by someone at the close of the day. A quality centre may adopt several procedures for safegaurding the children's welfare in this regard. A popular procedure is to have the person who is to collect the child from the centre present an identification card.

The centre may elect to offer bus transportation for the children to and from the centre on a daily basis. If bus transportation is provided many safety measures must be considered, many beyond the scope of this paper, but two critical points must be mentioned. Firstly, the bus must be regularly serviced and secondly, it is imperative that attendance on the bus is checked in the morning upon arrival at the centre and in the afternoon before the bus leaves the centre premises.

A routine emergency fire exit drill should be practiced at least twice during the year. Staff should be trained in emergency fire procedures. Fire fighting equipment (water, extinguishers, sand, and so forth) should be easily accessible.

It is practically impossible to have a centre that is 100 per cent baby proof. Real centre safety will, ultimately, depend upon the alertness and attentiveness of a well qualified and experienced staff.

Nutrition:

A child's nutritional status can affect his attention and learning; poor nutritional status can adversely affect the child. Centre staff should, therefore, be informed of the important role a well balanced diet plays in child development and human learning. Well-balanced meals served at the centre should include at least one item from each of the eight food groups listed below:

Food Groups for Nigerian Pre-Primary Centres

1. Fish, lean meat, poultry, eggs, dried peas, and beans.
2. Dark green leafy and deep yellow vegetables, e.g. ewedu, Igbo.
3. Potatoe and other vegetables, e.g. yam, cocoyam.

4. Enriched and whole-grain breads and cereals, e.g. Ogi (pap),

5. Fats - salad and cooking oils, mayonnaise, margarine (that list liquid vegetable oil as the first ingredient on the label), e.g. lard, groundnut oil, Palm oil,

6. Citrus fruits - whole fruit or juices unsweetened, e.g. oranges, grapefruit, tangerine, tomatoe, lemon, lime,

7. Milk and cheese.

8. Dessert - Fruit pudding, sherbert, gelatin with fruit, graham crackers, suitable cookies or occasionally ice cream, sponge or plain cake.

(Awipi, 1977)

Snacks may include any item from the food groups above, all meal/snacks should not only be nutritionally well-balanced, but attractively prepared and served in a manner small children will find enjoyable and convenient. It is usually helpful for young eaters if food is cut into small bite size pieces.

Nutrition education should be part of the centre programme. Staff, children, and parents should know which foods may comprise a well-balanced meal and the importance of the meal for education and daily life.

EDUCATION

The first goal of a quality pre-primary centre is to ensure that the provision for basic care meets the standards suggested above. Once the standards for adequate care have been satisfied, then, and only then should issues concerning education be considered. The following discussion of the educational component of a pre-primary centre will focus upon two sub-components which include:

(1) Curriculum: Content and Methods; and

(2) Instructional Staff: Headmistress, Teachers, and Aides.

Curriculum:

The curriculum consists of content - WHAT to teach; and methods - HOW to teach.

Curriculum Content

In some pre-primary centres children are not only well cared for, they also learn a great deal through planned supervised daily activities. These activities or learning experiences represent the content of the curriculum. Learning experiences should be rich and varied. They should include activities which stimulate and enrich the child's development physically, emotionally, intellectually, and socially.

Curriculum Method

The single most important factor which should determine the teaching method employed at the pre-primary level is the developmental age of the child. How learning experiences are taught must be appropriately suited to what the child can absorb and perform given his present stage of development. The term, "age-appropriate", (Brophy, et al., 1975) is used throughout the early childhood literature to describe an experience, material, equipment, or event which is well suited to the child's developmental stage.

Materials and equipment may remain the same for most children at the pre-primary centre, but the skillful teacher is aware of the learning significance of each material/equipment for each developmental stage. For example, BLOCKS, a common piece of pre-primary centre equipment, should be in the classroom at every level, from the one year old to the five year old. The significance for learning and teaching method will depend upon the age of the child. The one year old child will grasp the block and thrust it into his mouth.

For the child at one year of age, blocks are for "mouthing". The child at one is learning about the world through his senses, mainly the sense of taste. The teacher is aware of the ways in which the child at one learns; her teaching method permits the child to explore the block with his mouth (the importance of washing toys was stressed above under CARE). The child at two years of age is interested in motion and projection. For the child at two years of age, blocks are for "throwing". The effective teacher allows the two year old to throw the blocks into a large bowl or box. The child is encouraged to continue his physics experiments, but in a manner that will not harm others. For the child at three years of age, blocks are for "lining-up" horizontally along the floor, giving the appearance a very long train. Here the skillful teaching method is to support the child's interest in linear relationships. For the child of four years of age, blocks are for "stacking" vertically. The four year old aims to stack a "tower" to the sky. The effective teaching method needed is to encourage the architectural endeavours of the child. The use of blocks to form ideas about the world for the five and six year old child are similar to those of the four year old, but with greater sophistication as intellectual development becomes more complex.

The discussion above attempts to illustrate that the simplest and most common equipment - blocks - may be used in a variety of ways to facilitate learning, most of which depend upon the developmental stage of the child. The most important variable is effective teaching methods and not the specific item of equipment.

Instructional Staff:

The instructional staff consists of three levels of workers these include:

(1) Headmistress;

(2) Classroom teachers; and

(3) Classroom aides.

The educational qualification and experience for all three levels of the instructional staff must be adequate inorder for the educational component of the pre-primary centre to meet quality standards. The issue, at hand, is to ascertain what are "adequate" qualifications and experience for each level of instructional staff. Of course, the qualifications and experience for each level staff must vary according to job description and responsibilities. The statements on instructional staff qualifications listed below represent recommended standards for a quality pre-primary centre.

Qualifications and Experience

Firstly, minimum qualification for headmistress should be a first degree in education or a related discipline such as developmental psychology, language development, anthropology, scoiology, and the like. Head classroom teacher minimum qualification should be Teachers College Grade II Certificate (the national primary teacher certificate). The classroom aide should have no less than a primary six certificate (the national certificate indicating completion of six years of primary school).

In addition to educational qualifications, all levels of the instructional staff must have some experience at the pre-primary level. The amount of experience required may vary according to the job level.

Personality Characteristics

Teaching is often described as a science and as an art. An instructional staff with sound educational qualifications and experience have satisfied the scientific part of the description, but certain personality characteristics contribute no less positively to the artistic element of teaching. Personality characteristics most important for the instructional staff of a pre-primary centre are:

1. a respect and fondness for children;
2. stamina;
3. enthusiasm;
4. sense of humour;
5. flexibility;
6. understanding and empathy;
7. work well with others; and
8. consistent, reliable and responsible (Ato, 1985).

All levels of the instructional staff must be aware of and sensitive to the importance of individual differences in children. Furthermore, staff should know how to meet the demands of the group without ignoring the needs of the individual child.

Young children thrive in a consistent environment. "Attachment" (Bowlby, 1969) and "trust" (Erikson, 1963), two crucial ingredients for healthy emotional development, depend upon the routine interactions of the child with the SAME people. For these reasons, staff commitment to regular job attendance is imperative, likewise, centre administration should strive toward employment policies that keep staff turnover within one school year at the barest minimum ...

In-Service Training

When the qualifications, experience, and personality characteristics of the staff combine to attain quality standards as set above, then measures to maintain these standards must be provided. "Teaching is a difficult job that demands a variety of skills. Few teachers can perform every teaching act with excellence" (Brophy, 1975, p.353). Regular in-service training for the centre staff is one way to ensure that quality standards achieved can be preserved. In-service staff training should be a major feature of a quality pre-primary centre.

In-service training may take the form of regular seminar/workshops scheduled during vacation periods. During the school year, weekly review of lesson notes and monthly review of instructional methods and content, may assist as routine in-service training. Periodic review and evaluation of instruction will go a long way toward maintaining quality educational standards at the centre.

Parent Participation

The Nigerian National Policy on Education (1981) states that one of the purposes of pre-primary education should be "effecting a smooth transition from the home to the school" (p.11.) Effective parent-teacher relationship is the key to a 'smooth transition' for the child. For this reason, a quality pre-primary centre must make provision for parent participation. The form of parent participation might include decisions related to policies, to programmes, and to activities.

Cooperation between parents and the centre ensures that parents are well informed on matters concerning centre policies, objectives, calendar, and so forth. Furthermore, adequate cooperation and communication between parents and centre helps to keep parents well informed as to what the centre expects of them. Support to parents in the way of counselling on child rearing matters should also be included as part of the centre plan for parent participation.

The aim of the preceeding discussion was to suggests conditions that might enable pre-primary centres become more appropriate child rearing environments. The following presents and describes an instrument, Quality Standards Checklist/Rating Scale for Nigerian Pre-Primary Centres (QSNP), that may be useful towards realising this aim for every Nigerian child at any pre-primary centre.

QUALITY STANDARDS CHECKLIST/RATING SCALE FOR NIGERIAN PRE-PRIMARY CENTRES (QSNP)

General Description:

The Quality Standards Checklist/Rating Scale for Nigerian Pre-Primary Centres (QSNP) is a 60 item checklist and 5 point Rating Scale designed to assess the quality of a pre-primary centre along the dimensions presented above. The QSNP described below may be useful to parents, to pre-primary centre staff, to researchers, and to government/policy makers.

1. Parents may use the instrument as an aid to select a good pre-primary centre for their child.
2. Pre-primary centre staff may use the instrument for self-evaluation or centre-evaluation purposes.
3. Researchers may find the instrument a productive tool for the study of the quality standards of several pre-primary centres.
4. Government/Policy makers may use the instrument as a guide to set standards and regulate the establishment of new pre-primary centres. In addition, the instrument may be used to evaluate the quality of existing centres.

The items of the QSNP reflect the broad areas of concern pertinent to pre-primary centres presented above. Although the development of the instrument follows the relevant areas discussed, the objective is that the QSNP may be used independently. To promote independent use of the instrument, category items are simply and clearly stated; category items are mutually exclusive.

QSNP items are first divided into 2 major sections: CARE and EDUCATION.

The items are further divided into XV sub-sections which are:

C A R E:

I. Health

II. Illness Policy

III. Routines for good Health

IV. Facility

V. Personal Habits

VI. Safety

VII. Special Safety Precautions

VIII. Nutrition.

E D U C A T I O N:

IX. Curriculum Content

X. Curriculum Method

XI. Instructional Staff

XII. Qualifications and Experience

XIII. In-Service Training

XIV. Parent Participatior

XV. Children

Directions for Administering and Scoring QSNP:

The entire QSNP instrument or only a sub-section (e.g., "Personal Habits" or "Curriculum Content") may be scored. It must be pointed out that sub-sections do not contain an equal number of items.

Two procedures are used to score items, namely, questioning techniques and/or observation techniques.

Responses:

Response to any item of the QSNP may either be:

Available = 1 point

OR

Not available = 0 point

There is also a column labelled 'REMARKS' for writing brief comments or notes.

The maximum possible CENTRE TOTAL SCORE (CTS) is 60 points.

The total points are added together to arrive at the CTS. This total score will be used to compute the CENTRE PERCENTAGE SCORE (CPS) and the CENTRE RATING SCORE (CRS).

The maximum possible CPS is 100%

The maximum possible CRS is 5.

Score Interpretations:

$$\frac{\text{CTS} \times 100}{\text{QSNP } (N = 60)} = \text{CPS}$$

The CPS is used to derive the CRS (See Table 1). The range of values of CPS are related to CRS as follows:

CPS		CRS
90% - 100%	=	5
70% - 89%	=	4
50% - 69%	=	3
40% - 49%	=	2
0% - 39%	=	1

QSNP Note:

As implied by the word "standard", the QSNP represents the optimum or most ideal pre-primary centre conditions. The standard, therefore, becomes a goal that may eventually be achieved. Every centre, possibly many centres existing today, may not achieve a 1, 2, or even 3 rating. In such instances, the Quality Standards Checklist/Rating Scale for Nigerian Pre-Primary Centres may serve as a goal for a particular centre to work towards.

QUALITY STANDARDS CHECKLIST/RATING SCALE FOR NIGERIAN PRE-PRIMARY CENTRES (QSNP)

C H E C K L I S T

CATEGORY	RESPONSE	REMARKS	CATEGORY	RESPONSE	REMARKS
C A R E					
y. **Health:**					
II. **Illness Policy:**					
1) Provision for staff certificates of good health to be on file with the centre.			3) Staff are aware of common childhood illnesses.		
2) Provision for ill staff to remain at home, e.g., "substitute" staff on-call.			4) Medication is given only upon written permission from parents.		

CATEGORY	RESPONSES	REMARKS	CATEGORY	RESPONSES	REMARKS
5) Guidelines are provided which suggest when a sick child should remain at home.			12) Low noise levels (generators should be used at the barest minimum; rely on windows for adequate sunlight).		
6) A sick-bay (isolated area) is available.			13) Toilet facilities can be quickly and easily reached by children.		
III. Routines for Good Health:			14) Toilet roll is available.		
7) The centre appears CLEAN (exposed surfaces: floors, walls, cabinets, tables, chairs, etc. are not smudged with dirt and grime).			15) Soap and water for washing hands are available.		
8) Special service areas (toilet, kitchen, sick-bay, etc.) appear clean.			16) Drinking water is available and sufficient.		
IV. Facility:			17) Outdoor play yard has a shedded area that may shield children from sun and rain.		
9) Children's rooms located on the ground floor.					
10) Adequate lighting.					
11) Adequate ventillation					

CATEGORY	RESPONSES	REMARKS	CATEGORY	RESPONSES	REMARKS
18) Indoor play areas is available and uncluttered.			VI. Safety:		
V. Personal Habits:			24) A minimum of 1 adult is present with the children at ALL TIMES.		
19) Frequent hand washing is encouraged (especially before/ after meals and after toileting).			25) First Aid Kit/Supplies are available.		
20) No children are in soiled clothing.			26) Potentially dangerous items are out of REACH and out of SIGHT.		
21) No children are in wet clothing.			27) No exposed electrical sockets.		
22) A complete change of clothes (socks, pants, trousers/dresss shirt, etc.) is available for each child			28) No table cloths drape on to the floor.		
			29) Furniture is steady, it cannot topple over easily.		
			30) Furniture and equipment are well spaced.		
			31) Furniture and equipment are in good repair (No sharp edges, loose parts, paint chips, etc).		
23) Provision for rest periods.					

CATEGORY	RESPONSES	REMARKS	CATEGORY	RESPONSES	REMARKS
32) No house plants in and around the centre.			38) Fire drills are regularly practiced.		
33) Outdoor play area is fenced.			VIII. Nutrition Information:		
34) Play areas (inside/ outside) have no hidden spaces where children cannot be seen.			39) Well-balanced snacks and meals are served (refer to the 8 food groups. Centre Menu is posted).		
VII. Special Safety Precautions:			40) Nutrition education is part of the centre programme for staff, children, and parent.		
35) Provision for list of emergency contact person(s).			EDUCATION:		
36) Regular procedure for collecting children at the close of the day.			IX. Curriculum Content: A variety of stimulating activities are offered. For example:		
37) Fire fighting equipment is available (sand, water, extinguisher, etc).			41) story books.		
			42) small and large construction materials.		

CATEGORY	RESPONSES	REMARKS	CATEGORY	RESPONSES	REMARK
43) equipment for riding/ climbing.			their skills in ways appropriate to their developmental level.		
44) games and puzzles.			XI. Instructional Staff:		
45) creative art.			XII. Qualifications and Experience:		
46) music.			51) Headmistress, Classroom Teachers, and Classroom aides have training and experience appropriate to their job responsibilities.		
47) Sufficient and "age-appropriate" equipment and supplies are available (children do not have to "struggle" for materials).			52) Adults speak clearly and simply in a language the children can understand.		
48) Provision for records to be kept on children's progress (physical, emotional, intellectual, and social).			XIII. In-Service Training:		
49) Short trips and excursions are planned.			53) Weekly, monthly and yearly review of teaching methods and syllabus are conducted.		
X. Curriculum Method:					
50) Children are encouraged to expand					

CATEGORY	RESPONSES	REMARKS	CATEGORY	RESPONSES	REMARKS
54) Provision for all levels of the instructional staff (headmistress, teachers, and aides) to keep current and upgrade their skills through in-service training.			their child's progress (e.g., parent-teacher conferences, etc).		
XIV. Parent Participation:			XV. Children:		
55) Parents are encouraged to visit the centre at least once during the year.			58) Children appear happy (smiling, laughing, not crying, etc.)		
56) Parents are free to talk and ask questions about the centre with staff.			59) Children are busy and involved with their activities (no waiting for a long time; no sitting and staring; no aimless wandering).		
57) Parents have regular opportunities to discuss			60) Classes are relatively small (if necessary, a child may receive individual attention).		

CATEGORY	RESPONSES	REMARKS
A suggested Ratio might be:*		
birth to 2 years — 1 adult : 3 children		
2 to 3 years — 1 adult : 4 children		
3 to 4 years — 1 adult : 8 children		
4 to 6 years — 1 adult : 15 children		
*Some Nigerian State Ministry Pre-primary School Guidelines recommend 1 adult : 25 children.		
Centre Total Score (CTS): Add all points to arrive at the CENTRE TOTAL SCORE (CTS)		

$$\frac{\text{CTS X 100}}{\text{QSNP (N = 50)}} = \text{CENTRE PERCENTAGE SCORE (CPS)}$$

TABLE 1

RATING SCALE

CENTRE PERCENTAGE SCORE	CENTRE RATING SCORE	EXPLANATION	
90% - 100%	5	Excellent:	Centre should definitely be commended
70% - 89%	4	Very Good:	Centre should focus on improvement of few neglected areas.
50% - 69%	3	Good:	Centre should be monitored periodically to check improvement of neglected areas.
40% - 49%	2	Fair:	Centre should be warned and monitored frequently.
0% - 39%	1	Poor:	Centre should be warned and probably closed down.

The CENTRE RATING SCORE (CRS) is derived from the CPS (see CPS formula above).

Conclusion:

Research over the last thirty years has demonstrated that the early childhood years are, indeed, critical for human growth and development. The welfare of the young children under consideration, whether at home or at a pre-primary centre has been the object of this paper. The paper has attempted to highlight two broad areas of concern pertinent to early childhood welfare namely, CARE and EDUCATION.

It has been stressed that the first concern of those who are responsible for young children should be the provision of adequate CARE with the following requirements:

1) The child's health: Health standards for the young child must be adequate; poor health retards the child's capacity to learn.
2) The child's safety: Environmental standards for the young child must be safe; injury affects the child's ability to learn.
3) The child's nutritional status: Nutritional standards for the young child must be adequate; malnutrition limits the child's ability to learn.

Once adequate CARE conditions have been provided, a pre-primary centre may then proceed with considerations about EDUCATION, which include:

1) Instructional staff.
2) Curriculum Content.
3) Curriculum method.

To promote and encourage the improvement of Quality Standards in Pre-Primary Centres, the paper has introduced the Quality Standards Checklist/Rating Scale for Nigerian Pre-primary Centres that may be used by parents, centre personnel, researchers, and government/policy makers to assess and improve the quality of existing or newly proposed pre-primary centres in Nigeria.

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